



2016 Recreation Indoor Soccer/Futsal

SANDY PARKS & RECREATION REGISTRATION FORM

440 E. 8680 S. - SANDY, UTAH 84070

P: (801) 568-2900 F: (801) 561-6733

www.sandy.utah.gov/registration

Office Use Only

Receipt # _____

Amt. Paid _____

Date Paid _____

Received By _____

Late Fee ____ Family Discount ____

Please be accurate and complete in filling out this form.

Player's Name: _____ Gender: M F
(First Name) (Last Name) (Middle Initial) (circle one)

Address: _____ City/Zip: _____

Birth Date: _____ Age: _____ Grade: _____ Medical Restrictions: _____

School Attending: _____ Elementary school area player resides in: _____

Player's years of soccer experience: _____ Parents' Email: _____

May we provide this Email to your child(s) coach? _____ If different from parents Email, list here: _____

Father/Guardian: _____ Mother/Guardian: _____

(Day) _____

(Evening) _____

(Cell) _____

PLEASE CHECK
PREFERRED
PHONE NUMBER

(Day) _____

(Evening) _____

(Cell) _____

Player would like to be on same team as: (list Coach and/or players) _____

(Players wishing to play together must register together, otherwise requests will be considered but NOT guaranteed)

Emergency Contact Name: _____

Relationship to player: _____ Emergency contact phone #: (H): _____ (C): _____

Registration Costs & Dates:

Early Registration: Nov. 2 - Dec. 9, 2015 \$50.00

Regular Registration: Dec. 10 - 16, 2015 \$55.00

Late fee is \$5.00 after
regular registration deadline
of December 16, 2015.

♦Payment Information: Make checks payable to Sandy City Parks & Recreation

- ♦\$4.00 family discount for additional children in same sport.
- ♦Grades may be combined and/or locations moved based on enrollment.
- ♦Standard shirt sizing will be ordered for each grade division.
- ♦\$15.00 is non-refundable. No refunds after 1st game.

Please circle or specify other:

How did you find out about this program:

Sandy Journal - website - school email - mailing -
brochure - email - Coach - friend - played before -
other _____

Pre-School & Kindergarten

- ☐ Tuesday - Sandy Recreation Gym
☐ Saturday - Sandy Recreation Gym

1st & 2nd Grades

- ☐ Monday - Sandy Recreation Gym
☐ Wednesday - Sandy Recreation Gym
☐ Saturday - Sandy Recreation Gym

As the parent or guardian of the above player, I consent that he/she may participate in the above marked Sandy City Program in 2015/2016 and I state that the information contained herein is true and complete. I agree that Sandy City may restrict or prevent participation by a coach, spectator or player at any time.

- 1) **GOALS.** I understand that the goals and objectives of the Sandy City Indoor Soccer/Futsal Program are based upon fun, fair play, skill development, good sportsmanship and teamwork and hereby support these goals.

Parent/Guardian Signature: _____ Date: _____

- 2) I, as a parent or guardian, am willing to participate as a volunteer in support of this program (please check):

☐ Head Coach ☐ Assistant Coach ☐ Team Parent

Volunteer's Name

Coach's Email Address (if volunteering)

SANDY CITY 2016 Indoor Soccer / Futsal

INFORMED CONSENT AND AUTHORIZATION

The undersigned, as the parent or guardian of _____, agrees to allow my child to participate in the program/activity described below:

Program/Activity Description

The Sandy City Indoor Soccer/Futsal Program runs approximately January 4, 2016 - March 30, 2016 and utilizes Sandy City facilities and possibly Canyons School District facilities. Games/practices are played on week nights. Participation in Indoor Soccer/Futsal program carries with it certain inherent risks that cannot be eliminated regardless of care taken to avoid injuries. The specific risks may include: (1) minor injuries such as a floor burn, scratches, bruises, blisters, strains, and sprains; (2) major injuries, such as eye injury or loss of sight, joint or back injuries, concussions, and broken bones (3) catastrophic injuries as well as paralysis and death. Transportation to and from practices and games are the responsibility of the parent or guardian.

I recognize the program/activity described above may cause my child to experience some degree of physical and/or mental stress. I state that to the best of my knowledge my child is free from any known heart, lung, or other serious health problems that could prevent him or her from safely participating in the program/activity. I further state that he or she is sufficiently physically fit to safely participate in the program/activity.

____ Please initial here

Emergency Medical Care Authorization

In the event my minor child is injured while participating in the program/activity described above, I hereby give my consent that first aid may be provided by Sandy City, its agents and/or employees and that subsequent medical treatment may be administered if, in the opinion of the attending E.M.T./paramedic/physician, such treatment is necessary.

Name of Child: _____

Age: _____

Health Insurance Carrier: _____

(This document will not be processed and your child will not be allowed to participate in the program/activity described above unless all of the requested insurance information is supplied.)

____ Please initial here

Media Release

I give permission for activity videos and photographs to be taken of the program participant for use in public media as well as official Sandy City publicity, such as Sandy City Internet web site, publications, displays and presentations.

____ Please initial here

Concussion & Head Injury Policy Acknowledgement

I have read the Concussion and Head Injury Policy. I have been informed on how to recognize the signs and symptoms, and agree to abide by the policy. I understand if my child is suspected of having a concussion, he/she will be removed from the sporting event and will not be permitted to continue participating in any upcoming sporting events until a qualified Health Care Professional has determined it to be safe. I will provide Sandy City with a written statement by a qualified Health Care Professional acknowledging my child is cleared to resume participation. Within this statement the provider must acknowledge he/she has successfully completed a continuing education course in the evaluation and management of a concussion within three years before the day on which the written statement was made.

____ Please initial here

I have carefully read and understand the contents of this document and I specifically intend to cover my child's insurance needs for the above-referenced program/activity. I have read and agree to the above 4 sections. Please initial each box above.

Name of Parent/Legal Guardian: _____

(Please Print)

Parent/Guardian Signature: _____

~ Please fill out the registration form on the reverse side ~